## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/833 245

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Columr I	ן 1)	(Colu	ımn 2)	_	PE [		OR	SMALL	ENTITY
TOTAL CLAINS						<u> </u>		RATE	FEE		RATE	FEE
FOR			NUMBER FILED N		NUME	BER EXTRA	В	ASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$ 9=	·	OR	X\$18=	
INDEPENDENT CLAIMS			***minus 3 =   *					X43=.		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	<del></del>				+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in (	column 2	<u></u>	OTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						S	MALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A	Filed 8/12/04	CLAIMS REMAINING AFTER AMENDMENT	30	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 32	Minus	ن⊊ **	5	= Ø	;	<b>X\$</b> 9=		OR	X\$18=	
	Independent	* /	Minus #	*** (	<del>/</del>	= 6	-	X43=		OR	X86=	
	FIRST PRESE	INTATION OF MI	JUITPLE DE	PENDENT	CLAIM		+	145=		OR	+290=	
i							ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	n Statis Syn	HIGHE NUMBI PREVIOU PAID F	ER JSĿY⊶	PRESENT	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ;	>	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· 	=	>	(43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR	+290=	
							, <b>L</b>	TOTAL IT. FEE			TOTAL ADDIT, FEE	
		(Column 1)	(W)	(Columi	n 2)	(Column 3)	ADD	///. / L.L. =	r		ODII. I CLE	:
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Х	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	·	= 1944	<del>↑</del> X	43=		OR	X86=	<b>●</b>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145							45=		Ī	+290=	
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR [ OR ,	TOTAL DDIT. FEE	
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is I	less thai	n 3, enter "3."		IT. FEE L		. "		